PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/091,484			ing Date 07/2002	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY				HER THAN	
Н	FOR		NUMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	_	N/A		N/A		ı	N/A	1 LL (0)	i	N/A	TLE (0)	
	SEARCH FEE (37 CFR 1.16(k), (i),		N/A		N/A		ı	N/A		1	N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),	E	N/A		N/A		ı	N/A		1	N/A		
	TAL CLAIMS CFR 1.16(i))		15 minus 20 =		• 0		1	x \$ =		OR	X \$18 =	0	
IND	EPENDENT CLAIM CFR 1.16(h))	s	4 minus 3 =		• 1		1	x \$ =		1	X \$84 =	84	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pap 50 (\$125 ional 50 s	er, the ap for smal sheets or	oplicatio I entity) fraction	gs exceed 100 n size fee due for each n thereof. See CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(j))										1			
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		]	TOTAL	84	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
AMENDMENT	11/30/2006	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())	· 15	Minus	<b>~</b> 20		= 0		x \$ =		OR	X \$50=	0	
	Independent (37 CFR 1.16(h))	• 4	Minus	3		= 1	1	x \$ =		OR	X \$200=	200	
	Application Size Fee (37 CFR 1.16(s))												
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
_								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	200	
(Column 1) (Column 2) (Column 3)													
L		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
AMENDMENT	Total (37 CFR 1,18(i))		Minus			-		x \$ =		OR	x \$ =		
	Independent (37 CFR 1.16(h))		Minus	***			1	x \$ =		OR	x s =		
Ш	Application Size Fee (37 CFR 1.16(s))									]			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
										OR	TOTAL ADD'L FEE		
** 11	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20", pagy s. yar/borough "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.												

This collection of information is organic by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in it is life (and by the USFTO to process) an application Confidentiality is governed by \$3 U.S.C. 122 and \$3 CFR 1.4. It has location in estimated to the 12 minutes to complete, encuding pathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandris, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandris, VA 22313-1450.